

Schedule A – Authorization

Herricks Union Free School District

Direct Deposit Authorization

Name of Depositor _____
(Print Name as Shown on Bank Records)

Depository Bank _____
(Name of Bank and Branch, if any)

Account Number _____
(Address of Bank where accounts is maintained)

Deposit /ABA Number _____

The above named Depositor hereby authorizes HERRICKS UNION FREE SCHOOL DISTRICT
Hereinafter called "Company") to initiate the following types of electronic transactions:

Electronic credits to the above account.

Depository Bank shall have no duty to inquire as to the property of any such Entry,
notwithstanding the amount and/or the frequency of any such Entry.

This authority is to remain in full force and effect until Company and Depository Bank have
received written notification from the undersigned of its termination in such time and in such
manner as to afford Company and Depository Bank a reasonable opportunity to act on it.

Date _____

Signature _____

PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION OF BANK DATA

SAMPLE CHECK		
JOHN DOE		1045
JANE DOE		
123 Elm Street		55-999/299
Home Town, XX 99818		
		20
PAY TO THE		
ORDER OF		\$
		Dollars
FLEET BANK		
FOR		
1:00999909999 1:	11 23 45678 9	1045

Transit Routing/
ABA Number
(9 Digits)

Account
Number

Check
Number